PTO/SB/01 (03-01)
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US030475

COMPLETE IF KNOWN

WOJTEK SUDOL

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DECLARATION FOR UTILITY OR

DESIGN PATENT APPLICATION

(37 CFR 1.63)

Attorney Docket Number

First Named Inventor

Application Number

	Submitted OR With Initial Filing	JDeclaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e))	Filing Date	CONCURREN	NTLY		
			Group Art Unit				
	Filing	required)	Examiner Name				
As a below named inventor, I hereby declare that:							
	My residence, post office address, and citizenship are as stated below next to my name.						
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:							
	ULTRASOUND TRANSDUCER AND METHOD FOR IMPLEMENTING FLIP-CHIP TWO						
	DIMENSIONAL ARRAY TECHNOLOGY TO CURVED ARRAYS						
	the specification of which (Title of the Invention)						
	is attached hereto						
	OR						
was filed on (MM/DD/YYYY) as United States Application Number or PCT International							
Application Number and was amended on (MM/OD/YYYY) (if applicable).							
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.							
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part							
applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.							
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, Inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or of any PCT international application having a filling date before that of the application on which priority is claimed.							
F	Prior Foreign Application		Foreign Filing Date	Priority	Certified Copy A	Attached?	
	Number(s)	Country	(MM/DD/YYYY) Country	Not Claimed	YES	NO	
			,				

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Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Alexandria, VA 22313-1450.

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DECLARATION — Utility or Design Patent Application Direct all correspondence to: Customer Number 24737 OR Correspondance address below or Bar Code Label Name **Address** ZIP City State Telephone Fax Country I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor SUDOL **Family Name** Given Name Wojtek or Surname (first and middle [if any]) Inventor's Date MARCH, 5, 2004 Signature **United States United States** Massachusetts Andover Residence: City State Country Citizenship 28 Stirling Street **Mailing Address** Andover MA 01810 US City State Zip Country NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor **Family Name** Given Name (first and middle [if any]) or Surname Inventor's Date Signature Residence: City State Country Citizenship Mailing Address City State Zip Country Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/S8/02A attached hereto.